



# POST OFFICE TO ADDRESSEE

EJ755756062US

UNITED STATES POSTAL SERVICE™

ORIGIN (POSTAL USE ONLY)		Day of Delivery	Flat Rate Envelope
PO ZIP Code		<input type="checkbox"/> Next Day	<input type="checkbox"/> Postage
Date In		<input type="checkbox"/> 12 Noon	<input type="checkbox"/> \$
Mo. / Day / Year		<input type="checkbox"/> 3 PM	<input type="checkbox"/> Return Receipt Fee
Time In		<input type="checkbox"/> Military	<input type="checkbox"/> 2nd Day
<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> 3rd Day	<input type="checkbox"/> COD Fee
Weight	10 lbs. 10 ozs.	Int'l Alpha Country Code	Insurance Fee
No Delivery		Acceptance Clerk Initials	Total Postage & Fees
<input type="checkbox"/> Weekend	<input type="checkbox"/> Holiday		\$ 15.75

## CUSTOMER USE ONLY

### METHOD OF PAYMENT:

Express Mail Corporate Acct. No.:

Federal Agency Acct. No. or

Postal Service Acct. No.

WAIVER OF SIGNATURE (DOWNSIGNATION) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's signature (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY

Weekend

Holiday

Customer Signature:

FROM: (PLEASE PRINT)

PHONE ( 512 ) 499-6200

TO: (PLEASE PRINT)

PHONE ( )

Michael Rocco Cannatti  
Akira Gump  
1900 Frost Bank Plaza  
316 Congress Avenue  
Austin, TX 78701

044577.0005

FOR PICKUP OR TRACKING CALL 1-800-222-1811 [www.usps.gov](http://www.usps.gov)

Label 11-B July 1997

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS

Customer Copy

